
FDS SUPPORT AND SPENDING PLAN CHECKLIST

The following criteria are required components of a *Support and Spending Plan (SSP)* packet. Depending on individual circumstances, they may not be the only components required. Typically, the Case Coordinator will review the *SSP* and *Plan Changes* in 10 working days once a complete packet has been submitted. Packets are reviewed in the order that they were received. The Case Coordinator cannot backdate.

- ☐ To avoid a lapse in services, submit typed *SSP* 45 days prior to the expiration of the current plan to DDFamilyDirectedProg@DHW.Idaho.Gov
- ☐ Verify Medicaid and Children's DD Program eligibility and annual budget
- ☐ Verify the Support Broker's (SB) qualification is up-to-date. (renewed annually)
- ☐ Verify the following documents are completed in detail and included:
 - ☐ *Application Update Form*
 - ☐ *My Voice, My Choice Workbook* - including detailed *Health and Safety Plan*
 - ☐ *SSP Cover Sheet*
 - ☐ *SSP Support Plans* - with a separate goals sheet for each need identified
 - ☐ *Back-up Plans* - detailed, action-based instructions
 - ☐ *Spending Plan Worksheet*
 - ☐ *Spending Plan Summary*
 - ☐ *SSP Authorization*
 - ☐ Signed and dated *Choice and Informed Consent Authorization*
 - ☐ *Recommendation Forms for Goods and Services* signed by licensed physician, SLP, PT, OT or psychologist for service or good, as needed. A separate form for each service and good is required.
 - ☐ *Current Health & Physical*
 - ☐ Attach license and/or certification of CSW to *SSP* when necessary

Initials *SSPs* only:

- ☐ *Family Direction Service Option Guide Attendance Certificate* (gathered after Guide Training)
- ☐ Signed *Rights and Responsibilities Certificate* (gathered after Guide Training)
- ☐ If child has a legal guardian, copy of court-order appointing guardian
- ☐ Include all services and supports the child received are on the *SSP*, including natural supports, services paid with Medicaid card, private insurance or private pay
- ☐ All goods or services must meet the following criteria:
 - ☐ A safe and effective treatment that meets acceptable standards of medical practice
 - ☐ Not educational, vocational, or recreational related activity or good
 - ☐ Does not supplant the role or responsibility of the parent
 - ☐ Needed to optimize the health, safety and welfare of the child
 - ☐ The least costly alternative that reasonably meets the child's need
 - ☐ For the sole benefit of the child
 - ☐ To maintain the ability to remain in the community, enhance community inclusion and family involvement
 - ☐ Decrease dependency on formal support services and thus increase independence of the child
- ☐ Ensure every item on the *SSP Authorization* pages relates directly to a goal on the plan
- ☐ Ensure *SSP* includes documentation to request payment for '2 CSWs at the Same Time' when applicable
- ☐ Include Support Broker's name and address and signature on the *Plan Authorization Sheet*
- ☐ Ensure all goods and services meet program guidelines, including CSWs paid no more than market rate
- ☐ Ensure the *SSP* addresses how goods and services:
 - ☐ Increase independence or substitute human assistance
 - ☐ Show a decrease in the need for other Medicaid services
 - ☐ Do not include a request for 'goods and services' as a substitute for human assistance and request the same type of assistance from a person
 - ☐ Do not include request for human assistance when there was a previous approval for 'goods and services' as a substitute for human assistance, unless justified